

**Joint Subcommittee
Studying Strategies and Models
for the Prevention and Treatment
of Substance Abuse**

**Report to the
Joint Commission on Health Care**

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Overview

- Background
- Major Activities
- Recommendations & Outcomes
- Looking Forward
- Questions

Background

- 2006/2007 JLARC study "Mitigating the Effects of Substance Abuse in the Commonwealth"
 - Adverse consequences of SA (public safety, health, social welfare, economic productivity, etc.)
 - Cost of SA to the state and local governments = \$613 million
 - Costs primarily associated with public safety (incarceration, law enforcement, probation/parole)
 - SA can be treated; treatment and prevention can reduce costs of SA
 - Benefits of SA services not maximized in VA due to financial or logistical barriers, capacity constraints, service gaps, and insufficient funding and resources for services
- SJR 77 (2008)(Hanger) established the Joint Subcommittee to Study Strategies and Models for Substance Abuse Prevention and Treatment to:
 1. Identify and characterize the nature of SA in the Commonwealth;
 2. Identify state SA prevention and treatment policies and programs;
 3. Examine the cost of such policies and programs to the Commonwealth;
 4. Identify and examine policies and programs from other leading states; and
 5. Benchmark the Commonwealth's SA prevention and treatment programs and policies against those of the leading states.

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2008 Activities

- Met 4 times in 2008 to receive information about the scope and nature of SA in the Commonwealth and treatment and prevention program and policy options.
- Major topics included:
 - Special scope of and innovative approaches to addressing SA problems in SWVA
 - Role of peer recovery organizations
 - Drug courts
 - SA services provided through CSBs
 - SA among students and the special challenges faced by DOE
 - Medication-assisted treatment for SA
 - Limited scope of SA services including residential treatment options, medical and social detoxification programs, medically assisted outpatient treatment, intensive outpatient treatment, and other services
 - Limited availability of SA services for persons involved with the criminal justice system

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2008 Recommendations

- 12 recommendations focusing on:
 - Collection of outcome data to determine SA service needs
 - Implementation of a school-based youth risk survey
 - Screening and assessment of individuals involved with the criminal justice system to identify individuals in need of SA services
 - Education and training for judges and other law-enforcement officers re: SA, treatment services, and community resources
 - Expansion of and funding for drug court programs
 - Maximizing the role of peer recovery community organizations
 - Availability of publicly funded medication-assisted treatment
- Joint Subcommittee recommended that the study be continued for an additional year to allow time to more fully evaluate issues and options

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2009 Activities

- SJR 318 (Hanger) continued the Joint Subcommittee, directed the Joint Subcommittee to establish work groups
- Joint Subcommittee met 4 times; work groups met 3 times
- Major issues addressed:
 - Insurance parity for SA/MH services
 - Expansion of publicly funded SA services
 - Development of comprehensive prevention and treatment programs based on a chronic health care model
 - Role of community coalitions in SA prevention
 - Role of peer recovery and recovery support services
 - SA services in SWVA, particularly opioid treatment services
- Staff visited sites and service providers throughout SWVA

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2009 Findings & Recommendations

- The Joint Subcommittee recognized:
 - Need for a full range of publicly funded SA treatment & prevention services
 - Need for comprehensive, coordinated SA service planning at the local level
 - Need for jail- and community-based recovery and reentry programs for offenders to reduce recidivism
 - Need to increase availability of drug court programs
 - Need to increase availability of medication assisted treatment (MAT) and necessary wrap around and support services for those for whom MAT is clinically appropriate
 - Need to increase awareness and use of the Prescription Monitoring Program (PMP) as a tool for SA prevention
 - Need for training & education re: SA for health care providers
 - Need to increase awareness of insurance parity laws & ensure compliance
 - Need to continue to support recovery support organizations and pursue options for expanding the role of recovery support organizations in the Commonwealth's system of SA prevention and treatment services
- Recommended that the Joint Subcommittee & work groups be continued for a 3rd and final year to finalize recommendations

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2009 Outcomes

- **SB 336** (Hanger) requiring CSBs to take steps to ensure access to MAT for clients
 - Continued to 2011 in Senate Ed & Health; failed to report in 2011
- **SB 337** (Hanger) requiring CSBs to make information re: MAT available to clients
 - Continued to 2011 in Senate Ed & Health; failed to report in 2011
- **HB 1167** (Phillips) requiring prescribers of Schedule II, III, or IV substances to request information from the PMP
 - Continued to 2011 in House HWI; failed to report in 2011
- **HB 1168** (Phillips) requiring continuing education re: SA and pain management for physicians, nurses, and pharmacists
 - Failed to report from House HWI
- **HB 1169** (Phillips) requiring continuing education re: SA and pain management for prescribers licensed by the Boards of Dentistry, Medicine, and Optometry
 - Failed to report from House HWI

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2010 Activities

- SJR 73 (Hanger) continued the Joint Subcommittee & work groups
- Joint Subcommittee 4 times during 2010 in Richmond, Blacksburg, Norfolk, and Bristow; work groups met 3 times
- Major topics/issues included:
 - Opportunities and challenges of federal health care reform
 - Activities of other groups studying SA, MH, and associated issues in VA
 - Ongoing prevention, treatment, and recovery support service needs
 - Need for data and information re: SA to facilitate effective treatment and prevention service planning
 - Impact of privatizing ABC in the Commonwealth
 - SA education and training for prescribers & pharmacists
 - Development and implementation of recovery-oriented systems of care
 - Integration of medication-assisted treatment models in community-based substance abuse treatment services
 - Use and improvement of the Prescription Monitoring Program
 - Potential policy solutions for addressing dangers posed by alcoholic energy drinks

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2010 Recommendations

- **2010 Recommendations included:**
 - Legislation requiring a school-based random sample youth survey to collect data on substance use to guide planning and implementation of SA services.
 - Legislation requiring prescribers to request and review information from the PMP prior to prescribing a Schedule IV controlled substance.
 - Legislation requiring pharmacies operating in the Commonwealth to provide access to the PMP for at least one designated user per shift at each location.
 - Legislation requiring all prescribers to receive 1 hour of continuing education re: substance abuse, addiction, pain management, and prevention practices each year.
 - Legislation requiring point-of-sale messaging regarding the risks of consuming alcohol while pregnant to be displayed in all outlets selling alcoholic beverages.
 - Legislation authorizing the establishment of adult drug courts in Dickenson, Buchanan, and Russell Counties and the Thirtieth Judicial Circuit, and family drug courts in Goochland and Montgomery Counties.

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2010 Outcomes

- **HB 2169** (Phillips) requiring continuing education re: SA and pain management for prescribers licensed by the Boards of Dentistry, Medicine, and Optometry; see also SB 1097 (Hanger) and SB 1419 (Reynolds)
 - Failed to report from House HWI.
- **HB 2252** (Nutter) requiring prescribers of Schedule II, III, or IV controlled substances to request and review information from the PMP where there is a reasonable belief that the patient is seeking the substances for reasons other than treatment of a medical condition
 - Failed to report from House HWI.
- **HB 2255** (Nutter) clarifying that health care providers who dispense controlled substances to patients may disclose information obtained from the PMP and contained in a patient's health record to another health care provider when disclosure is related to treatment
 - Signed by the Governor, Chapter 812.

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2010 Outcomes

- **SB 1094** (Hanger) requiring a random survey of public school students to identify trends in substance use and assess risks and protective factors among youth to facilitate SA service planning
 - Signed by the Governor, Chapter 726.
- **SB 1096** (Hanger) providing that nothing shall prevent a pharmacist who is eligible to receive information from the PMP from requesting and receiving such information
 - Signed by the Governor, Chapter 610.
- **Drug Treatment Courts** – HB 2180 (Phillips), HB 2431 (Kilgore), SB 1028 (Puckett), and HB 2254 (Nutter) would have authorized establishment of drug courts in the Counties of Buchanan, Dickenson, Goochland, Montgomery, and Russell and in the Thirtieth Judicial Circuit including the Counties of Lee, Scott and Wise
 - All 4 bills failed to report from House Courts of Justice.

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Looking Forward

- Continue to focus on the problem of SA & efforts to address the problem of SA in the Commonwealth
- Continue to monitor changes occurring at the federal level to ensure that VA is able to take advantage of opportunities
- Continue to focus on developing a comprehensive system of SA treatment and prevention services to ensure timely access to services and effective delivery of services; should include the full range of SA treatment and prevention services including residential and community-based services and services for youth, pregnant and parenting women, and the elderly
- Continue to focus on developing a comprehensive system of SA treatment and prevention services for persons involved with the criminal justice system including institution- and community-based SA treatment and prevention services

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Looking Forward

- Explore options for supporting peer recovery support organizations and expanding the role of the recovery community in the Commonwealth's system of SA treatment and prevention services
- Continue to support development of drug treatment court programs throughout the Commonwealth
- Explore options for supporting community coalitions and community prevention activities
- Continue efforts to educate prescribers, pharmacists, and other health care providers re: SA, PMP, and treatment and prevention service options

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Questions?